CANDIDATE / OFFICEHOLDER

3784 FORM C/OH

CAMPAIG	TINANCE REPORT COVER SHEET PG T
The C/OH INSTRUCTION this form.	Guide explains how to complete 1 ACCOUNT# (Ethics Commission filers) 2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	CONSTABLE BRUCE
NAME	NICKNAME LAST SUFFIX Date Received
	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE ZO TO
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE 1205 FAIRWOOD AIS 5x >472 CITY; STATE; ZIP CODE OF THE PORT OF THE P
Change of Address	17. 3
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Receipt # FIX > HD/PM CO AMORD
	NICKNAME LAST SUFFIX Date Processed 1, 2019 8
6 CAMPAIGN TREASURER ADDRESS (Residence or business	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE; ZIP CODE 100 Congress NUSTINTX 78701
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 494-8538
8 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
	July 15 Sth day before election Exceeded \$500 limit Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year THROUGH 15/98
10 ELECTION	ELECTION DATE Month Day Year Primary Runoff General Special
11 OFFICE	OFFICE HELD (if any) (ONSTABLE 12 OFFICE SOUGHT (if known)
13 DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.
BY OTHER INDIVIDUALS	Name
additional pages	Address / PO Box; Apt. / Suite #, City; State; Zip Code
	GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

P.O. Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 ACCOUNT # (Ethics Commission filers)
16 SUPPORTING POLITICAL COMMITTEE(S)	have been made with	des political expenditures by political committees to support the candidate tout the candidate's or officeholder's knowledge or consent. Candidates and ty receive notice of such expenditures. ••	
	COMMITTEE TYPE	ELFANT CAMPAILN	
:	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	1205 FRIRWOOD RUSTIN,	FX 7822
additional pages		BSUBBY G. REEVES COMMITTEE CAMPAIGN TREASURER ADDRESS	411 A
		100 Congress Aug	Aus & Mo)
17 NO REPORTABLE ACTIVITY	Check here if	no reportable activity occurred during this reporting period. (Sign affidavit belo	w and submit pages 1 and 2 only.)
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ ()
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$ 128 97
٠.	4. TOTAL	POLITICAL EXPENDITURES	\$ 124.99
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH AY OF THE REPORTING PERIOD	s ()
19 AFFIDAVIT			
Sur Tub		I swear, or affirm, under penalty of p is true and correct and includes all in me under Title 15, Election Code.	
	VERONICA V. JARA Notary Public, State o My Commission Expires Sept	mee Die	date or Officeholder
		organicaje di dunia.	
AFFIX NOTARY STAM		id Bruce Elfant this the	20 TH day of January
Swom to and subscribed	d before me, by the sa hich, witness my har		day or Junior
Mmi	il-Ju		NOTARY Public
Signature of officer ac	dministering of	Print name of officer administering oath Tit	le of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instructi	ION GUIDE explains how to complete this fo	orm.	1 Total pages Scher	dule A:
FILER NAM	ΛE .		3 ACCOUNT # (Eth	ics Commission filers)
Date	5 Full name of contributor	out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
٠	6 Contributor address; City; State; Z	Lip Code	.	
Principal occ	cupation	10 Employer (option	onal)	
Date	Full name of contributor	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City; State; Z	 Zip Code		
Principal oc	cupation	Employer (option	onal)	
Date	Full name of contributor	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City; State; 2			
Principal occupation		Employer (opti	onal)	
Date	Full name of contributor	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City; State; 2		-	<u> </u>
Principal oc	ccupation	Employer (opti	ional)	
Date	Full name of contributor	out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City; State;	Zip Code		
Principal of	ccupation	Employer (opt	ional)	<u> </u>

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

	PLEDGE	D CONTRIBUTIONS	· •	· ,	SCHEDULE B
	The Instruction	N GUIDE explains how to complete this form.		1 Total pages Sched	dule B:
2	FILER NAMI	E		3 ACCOUNT # (Eth	cs Commission filers)
4	TOTAL	OF UNITEMIZED PLEDGES: ⇔	\$	\$	\$
5	Date	6 Full name of pledgor 7 Pledgor address; City; State; Zip Cod		8 Amount of pledge (\$)	9 In-kind description (if applicable)
10	Principal occup	pation	11 Employer (optio	nal)	
	Date	Full name of pledgor Pledgor address; City; State; Zip Cod		Amount of pledge (\$)	In-kind description (if applicable)
	Principal occup	pation	Employer (optio	nal)	
	Date	Full name of pledgor Pledgor address; City; State; Zip Coo	out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	Principal occup	pation	Employer (optio	nal)	
	Date	Full name of pledgor Pledgor address; City; State; Zip Code	out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	Principal occup	pation	Employer (optio	nai)	
	Date	Full name of pledgor Pledgor address; City; State; Zip Code	out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	Principal occup	pation	Employer (optio	nai)	
	If contr	ATTACH ADDITIONAL COPI			na requiremente

LOANS				SCHEDULE E
The Instruction Guid	e explains how to complete this	form.	1 Total pages Scho	edule E:
FILER NAME			3 ACCOUNT # (Et	thics Commission filers)
TOTAL OF UN	ITEMIZED LOANS:	\$ \$ \$ \$	\$ \$	\$
Date of loan	7 Name of lender	out of state PAC		9 Loan Amount (\$)
Is lender a financial Institution?	8 Lender address; City; Sta	te; Zip Code		10 Interest rate
Y N				11 Maturity date
2 Description of Collate	ral ,			
3 GUARANTOR INFORMATION	14 Name of guarantor			16 Amount Guaranteed (\$)
not applicable	• • • • • • • • • • • • • • • • • • • •	ate; Zip Code		
7 Principal Occupation		18 Employer		
Date of loan	Name of lender	out of state PAC		Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; Sta	ate; Zip Code		Interest rate
Y N				Maturity date
Description of Collate	eral .			
GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
not applicable	Guarantor address; City; St			
Principal Occupation	•	Employer		
lf lender	ATTACH ADDITION is out-of-state PAC, please se	IAL COPIES OF THIS FOR	RM AS NEEDED additional reporti	ng requirements.

	POLITIC	CAL EXPENDITURES		. SCHEDU	LE F
-	The Instruction	Guide explains how to complete this form.		1 Total pages Schedule F:	-
2	FILER NAME	Ξ.		3 ACCOUNT # (Ethics Commission file	ers)
4	Date	5 Payee name 6 Payee address; City; State; Zip Code		7 Amout (\$)	nt
8	Purpose of exp	penditure	9 Complete if direct exp Candidate / Officeholder	enditure to benefit C/OH •• name Office soug	ht / held
	Date	Payee name		Amou (\$)	nt
		Payee address; City; State; Zip Code			
	Purpose of ex	penditure	 Complete if direct exp Candidate / Officeholder 	penditure to benefit C/OH •• · name Office soug	iht / held
	Date	Payee name		Amou (\$)	nt
		Payee address; City; State; Zip Code			
	Purpose of ex	rpenditure	Complete if direct exp Candidate / Officeholder	penditure to benefit C/OH Office sou	ght / held
F	Date	Payee name		Amou (\$)	
		Payee address; City; State; Zip Code			
	Purpose of ex	r penditure	•• Complete if direct ex Candidate / Officeholde	penditure to benefit C/OH •• or name Office sou	ight / held
		ATTACH ADDITIONAL COPIE	S OF THIS FORM AS	NEEDED	

Austin, Texas 78711-2070 (512) 463-5800 P.O. Box 12070 Texas Ethics Commission 1-800-325-8506 POLITICAL EXPENDITURES SCHEDULE G MADE FROM PERSONAL FUNDS 1 Total pages Schedule G: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Date 5 Payee name Amount 10mg Horn TKOPNIES 6 Payee address; City; State; Zip Code (\$) 4912 BURNET AUS TX 78756 Reimbursement from political contributions EMPLOYEE OF YEAR AWARD intended **Amount** Date (\$) 304 E 15T ST AUSTX 78701 Purpose of expenditure Reimbursement from political OFFICE LETTERNEDD contributions intended Date Amount GUNDRUNK Reimbursement from political contributions intended **Amount** Date Payee name (\$) Payee address; City; State; Zip Code Reimbursement Purpose of expenditure from political contributions intended **Amount** Date Payee name (\$) City; State; Zip Code Payee address: Reimbursement Purpose of expenditure from political contributions intended ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission

		NT FROM POLITICAL CONT JSINESS OF C/OH	RIBUTION	S .	SCHEDULE H
	The Instruction	GUIDE explains how to complete this form.		1 Total pages Schee	dule H:
2	FILER NAME			3 ACCOUNT# (Eth	ics Commission filers)
4	Date	5 Business name 6 Business address; City; State; Zip Code	-		7 Amount (\$)
8	Purpose of pay	/ment	9 Complet Candidate / Officeh	e if direct expenditure t nolder name	to benefit C/OH •• Office sought / held
	Date	Business name			Amount (\$)
		Business address; City; State; Zip Code	·		
	Purpose of pay	yment	•• Complete Candidate / Officet	e if direct expenditure t nolder name	o benefit C/OH •• Office sought / held
	Date	Business name			Amount (\$)
		Business address; City; State; Zip Code			
	Purpose of pa	yment	·· Complete Candidate / Office	e if direct expenditure t holder name	to benefit C/OH Office sought / held
F	Date	Business name)	Amount (\$)
		Business address; City; State; Zip Code			
	Purpose of pa	l syment	•• Complei Candidate / Office	te if direct expenditure holder name	to benefit C/OH •• Office sought / held
	ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED				

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDIIIF						
	\sim	 	•		_	
	-	⊢ I	11	11	_	

The Instruct	non Guide explains how to complete this form.	1 Total pages Sch	edule I:
FILER NAME 3 ACCOUNT# (Ethic			thics Commission filers)
Date	5 Payee name	.	8 Amount (\$)
	6 Payee address; City; State; Zip Code	• • • • • • • • • • • • •	
	7 Purpose of expenditure		
······································			
Date	Payee name		Amount (\$)
	Payee address; City; State; Zip Code		
	Purpose of expenditure		
Date	Payee name		Amount
	Payee address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	(\$)
•	Purpose of expenditure		
Date	Payee name		Amount (\$)
	Payee address; City; State; Zip Code		•
	Purpose of expenditure		
			· ·
Date	Payee name -		Amount (\$)
Date	•		Amount (\$)
Date			Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

he Instruction	ON GUIDE explains how to complete this form.	1 Total pages Sche	dule K:
TILER NAM	ME	3 ACCOUNT# (Eth	ics Commission filers)
Date	5 Payor name 6 Payor address; City; State; Zip Code		8 Amount (\$)
	7 Reason for credit		
Date	Payor name		Amount (\$)
	Payor address; City; State; Zip Code		
	Reason for credit		
Date	Payor name Payor address; City; State; Zip Code		Amount (\$)
	Reason for credit		
Date	Payor name Payor address; City; State; Zip Code		Amount (\$)
	Reason for credit		
Date	Payor name Payor address; City; State; Zip Code		Amount (\$)
	Reason for credit		

CANDIDATE / OFFICEHOLDER REPORT: FORM C/OH - FR

	DES	IGNATION OF FINAL REPORT	
	The C/	OH Instruction Guide explains how to complete this form. plete only if "Report Type" on C/OH page 1 is marked "Final Report" ••	
1	C/OH N	AME	2 ACCOUNT # (Ethics Commission filers)
3	SIGNA	TURE	<u>.</u>
	a repo	t expect any further political contributions or political expenditures in connection with my candid it as a final report terminates my campaign treasurer appointment. I also understand tha utions or make any campaign expenditures without a campaign treasurer appointment on file.	
		Signature o	f Candidate / Officeholder
4		WHO IS NOT AN OFFICEHOLDER olete A & B below only if you are a candidate ••	W. C.
	A.	CAMPAIGN FUNDS	
	Checi	only one:	
		I do not have unexpended contributions or unexpended interest or income earned from politic	al contributions.
		I have unexpended contributions or unexpended interest or income earned from political contributions or unexpended interest or income earned on politicals ounderstand that I must file an annual report of unexpended contributions and that I may ror unexpended interest or income earned on political contributions longer than six years aft understand that I must dispose of unexpended political contributions and unexpended intercontributions in accordance with the requirements of Election Code, § 254.204.	cal contributions to personal use. I not retain unexpended contributions er filing this final report. Further, I
	В.	ASSETS	
	Checi	conly one:	
		I do not retain assets purchased with political contributions or interest or other income from po	olitical contributions.
		I do retain assets purchased with political contributions or interest or other income from politic may not convert assets purchased with political contributions or interest or other income from use. I also understand that I must dispose of assets purchased with political contributions in a Election Code, § 254.204.	m political contributions to personal
		Sign	ature of Candidate
5		EHOLDER	
	•• Com	olete this section only if you are an officeholder ••	•
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not	have a campaign treasurer on file.
		Signa	ature of Officeholder